

TCU AT UVRMC  
1034 NORTH 500 WEST  
PROVO UT 84604  
STATE'S REGION CODE: 001

PROVIDER #: 465120  
PHONE NUMBER: (801) 357-7026  
PARTICIPATION DATE: 03/22/1989 CERTIFIED: 16

FACILITY BEDS  
TOTAL: 16  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

RESIDENT CENSUS ON 05/15/2003

TOTAL: 14  
MEDICARE: 13  
MEDICAID: 1  
OTHER: 0

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 16

18 18/19 19 ICF/MR  
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16

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT
11/2000		09/2001		08/2002		05/15/2003		

PROGRAM REQUIREMENTS

	X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D	X	E			REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	85 NEW SURVEY	PRIOR 2 SURVEY	85 NEW SURVEY	PRIOR 1 SURVEY	85 NEW SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
11/2000	09/2001	08/2002		05/13/2003			
			X				

LSC DEFICIENCIES - BLDG NO. 01

K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	0	0	2	1
HEALTH TOTAL	0	0	2	1
LIFE SAFETY CODE	0	1	0	0
LIFE SAFETY CODE + HEALTH	0	1	2	1

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/16/1999	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY